



**Healthy Children
Learn Better**

**District Summary of Health Services Encounters
January 26 – February 7, 2009
(Please complete one summary form per school district)**

Name:

Title:

Date:

School District:

Phone:

Survey period from January 26, 2009 thru February 7, 2009

1.

Data Element	Elementary	Middle	High	Other	TOTAL
Student Encounters					
Medications					
Illness Treatments					
Injury Treatments					
Student Health Counseling					
Parent/Teachers Communication					
Students Returned to Class					
Students Sent Home					
Staff Encounters					

2.

Special Procedure	Elementary	Middle	High	Other	TOTAL
Catheterization					
Tracheostomy Care					
Suctioning					
Diabetes Monitoring					
Tube Feeding					
TOTAL (Total for this section only)					

3. Total time that nurses spent documenting or billing for services during survey period: ____ hours ____ minutes

4. Total number of nursing hours (direct service) worked during the survey period: ____ hours ____ minutes

5. Did all nurses who provide direct health services to students participate in the survey: ☐ Yes ☐ No – Please explain:

Thank you for your voluntary participation in this survey!

Please return the survey by March 16, 2009 to:

Cathy Young-Jones, RN, MSN

School Health Nurse Consultant

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